DLN: 93493060004118 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasury ► Information about Form 990 and its instructions is at <u>www IRS gov/form990</u> Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization Center for the Study of Carbon Dioxide D Employer identification number B Check if applicable ☐ Address change and Global Change 86-0902777 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return ☐ Application pending (480) 664-4493 City or town, state or province, country, and ZIP or foreign postal code Gilbert, AZ $\,$ 85298 $\,$ G Gross receipts \$ 200.757 Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? H(b) Are all subordinates ☐ Yes ☑No included? I Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or ☐ 501(c)() **◄** (insert no) □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www co2science org **K** Form of organization lacksquare Corporation lacksquare Trust lacksquare Association lacksquare Other lacksquareL Year of formation 1998 M State of legal domicile AZ Part I Summary 1 Briefly describe the organization's mission or most significant activities The Center for the Study of Carbon Dioxide and Global Change was created to disseminate factual reports and sound commentary on new developments in the world-wide scientific quest to determine the climatic and biological consequences of the ongoing rise in the air's CO2 content. It meets this objective through weekly online publication of its CO2 Science magazine, which contains editorials on topics of current concern and mini-reviews of recently published peer-reviewed scientific journal articles, books, and other educational materials. In this endeavor, the Center attempts to separate reality from rhetoric in the emotionally-charged debate that swirls around the subject of Activities & Governance carbon dioxide and global change. In addition, to help students and teachers gain greater insight into the biological aspects of this phenomenon, the Center maintains on-line instructions on how to conduct CO2 enrichment and depletion experiments in its Global Change Laboratory (located in its Education Center sect 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 212,734 175,285 8 Contributions and grants (Part VIII, line 1h) . **9** Program service revenue (Part VIII, line 2g) . 804 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 341 1,988 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 213.075 178,077 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 145,328 200,514 **Expenses 16a** Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 87,735 81,724 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 233,063 282,238 Revenue less expenses Subtract line 18 from line 12 -19.988 -104,161 d Balances **Beginning of Current Year** End of Year

20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . . 22 Net assets or fund balances Subtract line 21 from line 20 . Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

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Use Only

2018-03-01 Signature of officer Craig D Idso Treasurer Type or print name and title Print/Type preparer's name Troy O'Dell Date Preparer's signature Check | If P00173220 Troy O'Dell self-employed Firm's name TROY D ODELL CPA PLC Firm's EIN ► 11-3678608 Preparer Firm's address ► 1327 W SAN PEDRO STREET Phone no (480) 633-6456

259,706

254,172

5,534

365,912

6.943 358,969

orm	990 (2017)					Page 2
Par	State	ment of Program Service	Accomplish	nments		
	Check ı	if Schedule O contains a respor	nse or note to a	ny line in this Part III		🗆
1.		e the organization's mission				
leve neet evie o se ielp	opments in the s this objective ws of recently p parate reality fro students and tea	world-wide scientific quest to o through weekly online publicat ublished peer-reviewed scienti om rhetoric in the emotionally- achers gain greater insight into	determine the of ion of its CO2 S fic journal artic charged debate the biological	limatic and biological co Science magazine, which les, books, and other ed that swirls around the aspects of this phenome	e factual reports and sound commend insequences of the ongoing rise in the contains editorials on topics of cur- lucational materials. In this endeaving subject of carbon dioxide and global enon, the Center maintains on-line is ted in its Education Center sect.	he air's CO2 content It rent concern and mini- or, the Center attempts il change In addition, to
2	Did the organi	zation undertake any significar	nt program serv	uces during the year wh	ich were not listed on	
	_	990 or 990-EZ?				☐ Yes ☑ No
	•	be these new services on Sch				
3	•	zation cease conducting, or ma		hanges in how it conduc	cts, any program	
_	services?	, or many	-	agese	oto, an, program	☐ Yes 🗹 No
		be these changes on Schedule				□ les ⊡ llo
4	Describe the o Section 501(c)	rganization's program service	accomplishmen ns are required	to report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code) (Expenses \$	270,036	including grants of \$) (Revenue \$	176,089)
	See Additional D	ata				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		n services (Describe in Schedul	•			
	(Expenses \$	ınclu	ding grants of :) (Revenue \$)

270,036

4e

Total program service expenses ▶

or X as applicable

Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🖼 . . . 2 Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3

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12a

12b

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Nο Nο Nο Nο

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 6

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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Page 4

Nο

Part IV	Checklist of Required Schedules (continued)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
h	If "Yes" to line 20a, did the organization attach a convior its audited financial statements to this return?			П

20b 21

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25b

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Yes

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No

No No

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If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	2		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami (gambling) winnings to prize winners?	ng 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)? .			No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR))		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	35		
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicitiany contributions that were not tax deductible as charitable contributions?	n 6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For 1098-C?	m 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time dur the year?	- I I		<u>, , , , , , , , , , , , , , , , , , , </u>
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv \mid$		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		0 (2017)

orm 9	990 (2017)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Sec	Check If Schedule O contains a response or note to any line in this Part VI	• •		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	_
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.51		
	ction C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed			
	<u>AZ </u>			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
10	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
	State the name, address, and telephone number of the person who possesses the organization's books and records ▶Craig Idso 5219 S Reseda St Gilbert, AZ 85298 (480) 664-4493			0 (2017)

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Part VII Compensation of Officers, D and Independent Contracto		stees,	Key	/ Er	npl	oyee	s, F	lighest Comper	nsated Employ	ees,
Check if Schedule O contains a resp										🗆
Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd I	ligl	nest (Con	npensated Emp	loyees	
 1a Complete this table for all persons required to year List all of the organization's current officers 	·									ganızatıon's tax
of compensation Enter -0- in columns (D), (E), a		•			•					
• List all of the organization's current key em										
 List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations 	Form W-2 and/	or Box	7 of I	Forn	n 10	99-MI	SC)	of more than \$100	,000 from the	
• List all of the organization's former officers, of reportable compensation from the organization	n and any relate	ed orga	nızatı	ons			·	•	·	0,000
• List all of the organization's former director organization, more than \$10,000 of reportable collist persons in the following order individual trus	ompensation fro	m the	organ	ıızat	ion a	and ar	y re	elated organizations	5	
compensated employees, and former such person		15, 11150	itutio.		ii ust	, .	,,,,,	ers, key employees	, mgnese	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	turrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Craig D Idso Treasurer	40 00	х		x				143,250	0	0
(2) Sherwood B Idso President	0 00	Х		x				0	0	0
(3) M Anne Idso Secretary	30 00	х		x				49,250	0	0
(4) Keith Idso Vice President	0 00			x				0	0	o
	0.00									

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)

Page 8

			,,		-,-						,,,	1	/	
	(A) Name and Tıtle	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reporta compensa from the organization organization organization.							ortable ensation m the	table Reportable compensation from related		(F) Estimated amount of other compensation from the	
		for related	<u> </u>	1	ıά	- x	10.7	Τ		9-MISC)	2/1099-MISC)	organizati	on and
		organizations	X II	3	≆	6	真遺	₫"					relat	
		below dotted	100	<u>ặ</u>	Officer	4	일종	Former					organiza	ations
		line)	85	ह		μĒ	80	-						
			~ ;	n <u>ə</u>		key employee	1 9							
			individual trustee or director	=		Ď	T T							
			#:	Institutional Trustee			Highest compensatemplovee							
				ाँ			H ec							
		-					-	_						
		 						-						
		 												
1h 9	Sub-Total						 					十		
	Total from continuation sheets to Pa	 art VII. Sectio	n Δ .	•		_	-							
					٠.	•	•			192,500				
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rec	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any former of	officer director	ar truct	ريا مما	ou o			or bi	abost so		ampleyee an		103	
3	line 1a? If "Yes," complete Schedule J			.ee, K	ey e	IIIPII		or m	gnest cor	i i i	• •	3		Na
	,											<u>-</u>		No
4	For any individual listed on line 1a, is organization and related organizations										n the			
	individual											4		No
5	Did any person listed on line 1a receiv	ve or accrue co	mnencal	tion fi	rom	anv	unrels	ated	organiza	tion or indi	vidual for	⊢		110
	services rendered to the organization					,			_			5		No
	ection B. Independent Contract	ore					-							110
1	Complete this table for your five high	est compensate										npen	sation	
	from the organization Report comper		aiendar	year	end	iing	with o	r wit	nin the o	rganization	· · · · · · · · · · · · · · · · · · ·		100	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	
										_				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

Part \	71	Statement of	Revenue							- Tage 3
		Check if Schedul	e O contains	a respo	nse or note to any	/ line in this Part VI				<u> </u>
						(A) Total revenue	Rel e> fu	(B) ated or cempt nction venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1 a	Federated campaig	ns	1a			1 16	venue	1	312-314
ons, Gifts, Grants Similar Amounts	ŀ	b Membership dues		1b						
90 E		Fundraising events		1c						
ffs, r A		d Related organizatio	ns	1d						
<u>i</u> 3.	6	e Government grants (co	ontributions)	1e						
Sir	f	F All other contributions and similar amounts n								
Contributions, Gifts, Grants and Other Similar Amounts	٥	above Noncash contribution in lines 1a-1f \$	ons included	1f	175,285					
Con	h	Total.Add lines 1a-1			•	475 205				
I					Business	175,285 s Code				
ine.	2a	Book sales					804			804
\$	ь			_						
٦٥	c			_						
₹ 	d									
an	e									
Program Service Revenue	f	All other program se	rvice revenue	!		804	I		'	'
<u>•</u>		Total.Add lines 2a-2i			<u> </u>					
		Investment income (ii similar amounts) .			nterest, and other	▶ 7	39			739
		Income from investm			ond proceeds	•	0			
	5 F	Royalties			<u>+</u>	•	0			
	_		(ı) Rea	I	(II) Personal	_				
	ьа	Gross rents								
	b	Less rental expenses				7				
	c	Rental income or				-				
	_	(loss)								
	d	Net rental income o			• • • •	1	0			
	72	Gross amount	(ı) Securi	ties	(II) Other	-				
	<i>,</i> a	from sales of assets other		23,929						
		than inventory								
	b	Less cost or other basis and		22,680						
	_	sales expenses		1,249		_				
		Gain or (loss) Net gain or (loss)	L		•	_ 1,2	49			1,249
		Gross income from f		ents						
ne		(not including \$ contributions reporte		of						
₹		See Part IV, line 18		. a	l					
Re		Less direct expense		b						
Other Revenue		Net income or (loss)			ents 🕨	7	0			
ŏ	Эa	Gross income from g See Part IV, line 19		ies						
				a						
		Less direct expense Net income or (loss)		b	105		0			
		Gross sales of invent		activiti	es <u> </u>	1	9			
		returns and allowand	ces							
	L		لماما	a b		_				
		Less cost of goods s Net income or (loss)		ı	on.	_	0			
-		Miscellaneous		IIIVeill	Business Code					
İ	11	a				1				
	b	,								
	c									
		All other revenue .			· · · · · · · · · · · · · · · · · · ·					
	е	Total. Add lines 11a	-11d		•		0			
	12	Total revenue. See	Instructions		• • • •	178,0	77		<u> </u>	2,792
										2,792 Form 990 (2017)

form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	192,500	192,500		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	8,014	8,014		
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	1,589		1,589	
d Lobbying	0		,	
e Professional fundraising services See Part IV, line 17	0			
	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
L3 Office expenses	3,237	3,237		
L4 Information technology	0	3,237		
<u> </u>	0			
15 Royalties		6.000		
16 Occupancy	6,000	6,000		
17 Travel	7,762	7,762		
federal, state, or local public officials				
19 Conferences, conventions, and meetings	0			
20 Interest	95		95	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,490	10,490		
23 Insurance	5,519		5,519	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Experiments	20,003	20,003		
b Website hosting & maintenance	10,076	10,076		
c Telephone	6,014	6,014		
d Auto & truck expenses	4,006		4,006	
e All other expenses	6,933	5,940	993	
25 Total functional expenses. Add lines 1 through 24e	282,238	270,036	12,202	(
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	·	·	·	
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B)

Page **11**

0

0

0

0

156,824

33,260

259,706

5,534

5,534

254,172

254,172

259.706

Form **990** (2017)

0

0

0 0

Check if Schedule O contains a response or note to any line in this Part IX

Inventories for sale or use

Less accumulated depreciation

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Investments—program-related See Part IV, line 11

		Beginning of year		End of year
1	Cash-non-interest-bearing	67,830	1	
2	Savings and temporary cash investments		2	_

(A)

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

6,943

358,969

358,969

365.912

266,467

31,615

365,912

6.943

2	Savings and temporary cash investments	2	
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I.	5	
6	Loans and other receivables from other disqualified persons (as defined under		

347,333

190,509

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L .

Notes and loans receivable, net

10a

10b

Form	990 (2017)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			178,077
2	Total expenses (must equal Part IX, column (A), line 25)	2			282,238
3	Revenue less expenses Subtract line 2 from line 1	3			-104,161
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			358,969
5	Net unrealized gains (losses) on investments	5			-636
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			254,172
Par	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form **990** (2017)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 86-0902777

Name: Center for the Study of Carbon Dioxide and Global Change

Form 990 (2017)

Form 990, Part III, Line 4a: Disseminating factual reports and sound commentary on new developments in the world-wide scientific guest to determine the climatic and biological consequences of the

ongoing rise in the air's carbon dioxide content

em	e GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493060004118
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable	organization or trust.	ort	2017
		the Treasury	► Infe	ormation abou	ıt Schedule A (Form			ıctions is at	Open to Public Inspection
Nam	e of th	nie Service ne organiza			<u>www.iis.g</u>	<u> </u>		Employer identific	<u> </u>
	for the lobal Ch	e Study of Cart nange	ion Dioxide					86-0902777	
	rt I				us (All organization				
_	rganız		•		it is (For lines 1 thro	- '	•		
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	r a cooperat	ive hospital serv	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		•	•	-	governmental unit de				
7	✓			mally receives (vi). (Complete	a substantıal part of ıt Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 octions—subject to ceress taxable income (learn)	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or compount or elect a major	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	zation operated fy a distribution i	in connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			ion-functionally lorganizations	integrated supporting	organization			
g				_	ipported organization(e)		_	
		Name of supported organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			· · · · · · · · · · · · · · · · · · ·	ice, see the Ir		Cat No 11285	<u> </u>	 Schedule A (Form 9	

Page 2

	III. II the organization ia	ils to quality und	ier the tests liste	ed below, please	e complete Part	111.)		
S	ection A. Public Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(6) 2015	(u) 2016	(e) 2	2017	(I) IOCAI
1	Gifts, grants, contributions, and							
	membership fees received (Do not	291,591	671,045	170,523	212,734		163,529	1,509,422
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid							C
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							C
	the organization without charge							
4	Total. Add lines 1 through 3	291,591	671,045	170,523	212,734		163,529	1,509,422
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							742.050
	supported organization) included on							743,950
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
5	Public support. Subtract line 5 from							
	line 4							765,472
S	ection B. Total Support	•	•	•	•		•	
	Calendar year							40=
	(or fiscal year beginning in)	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2	2017	(f)Total
7		291,591	671,045	170,523	212,734		163,529	1,509,422
8	Gross income from interest,		,	,				
u	dividends, payments received on							
	securities loans, rents, royalties and	11,646	21,880	12,234	341		1,988	48,089
	income from similar sources							
9	Net income from unrelated business							
,	activities, whether or not the							(
	business is regularly carried on							
10	Other income Do not include gain or							
-0	loss from the sale of capital assets							(
	(Explain in Part VI)							
11								
	10							1,557,511
12	Gross receipts from related activities, e	tc (see instruction	ns)			12		
	First five years. If the Form 990 is fo						-1/2)	
	•	-			•	,	· · · · · <u>-</u>	nization,
	check this box and stop here						▶ ⊔	
S	ection C. Computation of Public	Support Perce	ntage					
14	Public support percentage for 2017 (lin	e 6, column (f) dıv	ided by line 11, co	lumn (f))		14		49 150 %
	Public support percentage for 2016 Sch			. , ,		15		45 400 %
	33 1/3% support test—2017. If the			n line 13 and line	14 is 33 1/3% or		hack this h	
T DS					T- 13 33 1/3 /0 UI	11101 E, C	IICCK CIIIS D	
	and stop here. The organization qualit	•	• •			-0/		▶ ☑
b	33 1/3% support test—2016. If the	e organization did r	not check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3	3% or m	nore, check	
	box and stop here. The organization	qualifies as a publi	cly supported orga	anızatıon				▶ □
17=	10%-facts-and-circumstances test	—2017. If the ora:	anization did not c	heck a box on line	13, 16a, or 16b.	and line	: 14	
	ıs 10% or more, and ıf the organızatıor							

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Р	art IIII Support Schedule for						
	(Complete only if you cl						er Part II. If
-	the organization fails to	qualify under	the tests listed	below, please co	omplete Part II.)	
36	ection A. Public Support Calendar year		Γ	I	I	I	
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
C.	from line 6) ection B. Total Support						
-	Calendar year			1	1	I	1
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975						
11	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13							
	11, and 12)				1		L
14	First five years. If the Form 990 is for	r the organization	n's first, second, ti	nird, fourth, or fift	n tax year as a se	ection 501(c)(3) o	
_	check this box and stop here						▶⊔
	ection C. Computation of Public S Public support percentage for 2017 (lin			column (f))		1.4=1	
15		,		column (1))		15	
16	Public support percentage from 2016 S					16	
	ection D. Computation of Investr			line 12 (C	5//	1 4- 1	
17	Investment income percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	iine 13, column (f	"))	17	
18	Investment income percentage from 20	·	•			18	
19a	33 1/3% support tests—2017. If the o	organization did i	not check the box	on line 14, and lir	ne 15 is more thar	n 33 1/3%, and lin	_
	more than 33 $1/3\%$, check this box and s	-					▶ □
b	33 1/3% support tests—2016. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	ightharpoons

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

_			
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the decignation. If historic and continuing relationship, explain	 	├

describe the designation If historic and continuing relationship, explain	1	Ι
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	Ι

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
_			$\overline{}$

	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		·	
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		

	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	used exclusively for section 170(c)(2)(B) purposes? to ensure such use oreign supported organization")? If "Yes" and if you hether to make grants to the foreign supported uch control and discretion despite being controlled or loes not have an IRS determination under sections		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	3c 4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support		1	

		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	d the organization support any foreign supported organization that does not have an IRS determination under sections 1(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
                                                                                                                               9a
```

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
organization had an interest? If "Yes," provide detail in Part VI.
                                                                                                                                 9b
```

	leddie A (10111 990 01 990-LZ) 2017		F	age 3
Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in P VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	art		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	Carting C. Tong II Comparing Operations			
3	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	s of	103	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	ın		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in organization's investment policies and in directing the use of the organization's income or assets at all times during the year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
_	a The organization satisfied the Activities Test Complete line 2 below	,		
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity is	see instru	ctions)	
			,	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	ed 2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement	′s 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	-5		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard</i>	3b		

Page **6**

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		Doub VII Coo
-	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrat	ed Type III supporting or	ganızatıon (see

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

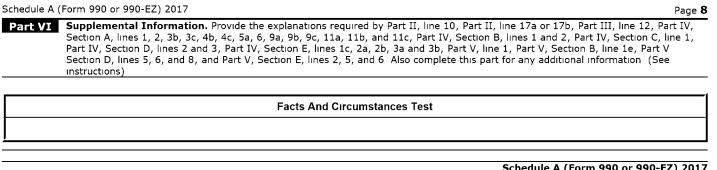
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.



efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493060004118 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Center for the Study of Carbon Dioxide and Global Change 86-0902777 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

F ()		Organizations Ma	anntaining Cor	iections of A	AIL, NI	130011	Cai II	Casi	ui es, oi	Othe	Sillillai	Maacra (CONTINU	eu)
3		g the organization's acqu s (check all that apply)	uisition, accessior	n, and other re	cords, c		any of	the fo	ollowing t	hat are	a sıgnıfıcar	nt use of it	s collect	cion
а		Public exhibition				d		Loan	or excha	ange pro	grams			
b		Scholarly research				е		Othe	er					
c		Preservation for future	generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5	Durin	ng the year, did the orga s to be sold to raise fun									mılar	□ Y	as [□No
Day	rt IV	Escrow and Custo	odial Arrango	monto	-							<u> </u>	es L	
ra	UIV	Complete if the org X, line 21.			n Forn	n 990	, Part	IV, lı	ine 9, or	report	ted an am	ount on	Form 9	90, Part
1a		e organization an agent, ded on Form 990, Part X		an or other inte	ermedia	ary for	contri	bution	ns or othe	er assets	s not	□ Y	es [□No
b	If "Y€	es," explain the arrange	ment in Part XIII	and complete	the foll	owing	table		[Amount		
c	Begir	nning balance								1c				
d	Δddıt	nons during the year								1d				
е		butions during the year							ŀ	1e				
f		ng balance							•	1f				
2 a	Dıd tl	he organization include	an amount on Fo	rm 990, Part X	(, line 2	1, for	escrow	or cu	ustodial a	ccount l	iability?	□ Y	es [□ No
b	If "Y∈	es," explain the arranger	ment in Part XIII	Check here if	the exp	planati	on has	been	provided	d in Part	XIII			
Pa	rt V	Endowment Fund	is. Complete if	the organiza	ition ar	nswer	red "Y	es" o	n Form	990, Pa	art IV, line	e 10.		
				(a)Current ye	ear	(b) P	rior yea	r T	(c)Two ye	ears back	(d)Three	years back	(e)Four	r years back
1a	Beginn	ning of year balance .												
ь	Contrib	outions												
С	Net inv	vestment earnings, gain	is, and losses					\neg						
		or scholarships						-+						
		expenditures for facilitie			-			-+						
E		ograms	:5											
f	Admını	istrative expenses .												
g	End of	year balance												
2	Provi	de the estimated percer	ntage of the curre	ent year end ba	alance (line 1	g, colu	mn (a)) held a	s				
а	Board	d designated or quasi-er	ndowment 🟲											
ь	Perm	anent endowment 🕨												
_	Temp	porarily restricted endow	vment ▶											
·		percentages on lines 2a,		ld equal 100%	,									
3a	Are tl	here endowment funds in nization by	•	•		on that	t are h	eld an	nd admını	stered f	or the		Гv	es No
	-	nrelated organizations			_	_	_		_			Гэ	Ba(i)	23 140
						•	•	•					a(ii)	- -
b		elated organizations . es" on 3a(ii), are the rela		is listed as regi	uıred or	n Sche	· · · dule R	, .				. F	3b	+
4		ribe in Part XIII the inte	-					_						
Pai	rt VI	Land, Buildings, a	and Equipmer	nt.										
		Complete of the org			n Forn	n 990	, Part	IV, li	ine 11a.	See Fo	orm 990,	Part X, lı	ne 10.	
	Descri	iption of property	(a) Cost or oth (Investme		b) Cost o	r other	basıs (other)	(c) Acc	umulated	depreciation		(d) Book	value
1a	Land						14	10,368						140,368
	Buildin													
		nold improvements		-										
		· · · · · · · · · · · · · · · · · · ·		-			1 (53,490			142,45	57		11,033
		nent						53,490			48,05			
		Innes 1a through 1e (Co	dumn (d) must s	gual Form 900	Dart V	· colu-					+0,03	, <u> </u>		5,423
IULC	Auu	mics ta unough te (Co	nanni (u) must et	quai i Uilli 330,	, rait A,	, coiui	IIII (D)	, ,,,,,,	10(C//	•	-			156,824

	Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	rgamzación ansi	vered les on Form 990, F	are iv, inie iib.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
	al derivatives			
	Tied equity interests	· ·		
A)				
В)				
C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment	990, Part IV, li	(c) Method of	valuation
(1)			Cost or end-of-year	market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	on (b) must equal Form 990. Part X. col (B) line 13.)			
	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX		s' on Form 990, Pa	rt IV, line 11d See Form 990, l	Part X, line 15 (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
11) (2)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
1) (2) (3)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
1) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990,	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990,	
Part IX	Other Assets. Complete if the organization answered 'Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15)			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes (a) Description			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columpart X) (1)	Other Assets. Complete if the organization answered 'Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columbat X L. 1) Federal (Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columnation	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of t	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columna	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columna	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	rered 'Yes' on Fo		(b) Book value
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1

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII, line 12

Schedule D (Form 990) 2017

Page 4

2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on ii	nvestments	2a		
b	Donated services and use of facility				
С	Recoveries of prior year grants .				
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			3	
4	Amounts included on Form 990, P	Part VIII, line 12, but not on line 1			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b 🔒	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c	c. (This must equal Form 990, Part I, line 12)		5	
Par		penses per Audited Financial Statem	•	s per Returi	n.
		zation answered 'Yes' on Form 990, Part	•	1 .	
1	Total expenses and losses per aud	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facility	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1 .			3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9, Part III, lines 1a and a			4, Part X, line 2, Part
	Return Reference	Explanation	•		

	orm 990) 2017	Page 5	
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2017

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(Form 990 or 990- EZ) Department of the Treasury Complete to profer Form 990 or 990			vide information for r 990-EZ or to prov ▶ Attach to Form Schedule O (Form	r responses to specific questi ide any additional informatio n 990 or 990-EZ. 990 or 990-EZ) and its instru v/form990.	ecific questions on information.			
Internal Devenue Corner						tification number		
Return Explanation Reference								
Form 990, Part VI, Line 11b Form 990 Review Process	Form rev	riewed by key officers						

Return Reference Explanation

Form 990, Part VI. Line Available upon request

990 Schedule O, Supplemental Information

Part VI, Line
19 Other
Organization
Documents
Publicly
Available